Case Status Point in Time Assessment

§ Collect Optional "Best Practice Data" Check mark 'YES'.
§ Collect Out Come Domain Data: Check mark 'Yes' for all Annual Progress Report (APR), Case Management and Housing first Clients. Please see Self Sufficiency Outcome Domain Worksheet

DATE OF ASSESSMENT: /   /

Name: **SSN:**   -   -   **DOB:**   /   /

Health and Physical Barriers:

Physical Disability: O Yes   O No   O Don't know   O Refused

    If yes are you receiving serves for Physical Disability? O Yes   O No

Developmental Disability: O Don't Know O Learning   O No   O Retardation   O Other

    Are you receiving service for developmental disability? O Yes   O No

Chronic Health Condition: O Yes   O No   O Don't know   O Refused

    If yes are you receiving services for Chronic Health Condition O Yes O No

HIV/AIDS: O Yes   O No   O Don't know   O Refused

    If yes are you receiving services for HIV/AIDS O Yes   O No

Are you homeless? O Yes   O No   O Don't know   O Refused

Have you been homeless continuously for 1 year?   O Yes   O No   O Don't know   O Refused

Have had been homeless 4 times in the last 3 years? O Yes   O No   O Don't know   O Refuse

Other Barriers:

Mental Health Problems: O Yes   O No   O Don't know   O Refused

    If yes expect long-term Mental Health Problems: O Yes   O No   O Don't know   O Refused

    If Yes are you receiving services for Mental Health Problems: O Yes   O No   O Don't know   O Refused

Alcohol Abuse Problems: O Yes   O No   O Don't know   O Refused

Drug Abuse Problems: O Yes   O No   O Don't know   O Refused

    If yes expect long term substance abuse problems: O Yes   O No   O Don't know   O Refused

    If yes are you receiving services for substance abuse problems: O Yes   O No   O Don't know   O Refused

Domestic Violence Experience: O Yes   O No   O Don't know   O Refused

    If yes, time since last Domestic Violence: O within the last 3 months   O within last 4 to 6 months

                    O within the last 6 to 12 months   O over 1 year ago   O Refused

Income and Non-Cash Benefits:

Individual Cash Income from All Sources (Job, UI, Retirement Pension, TANF, Disability Insurance, SSDI, Other): O Yes O No   O Don't know   O Refused

Individual Non-Cash Benefits from all Sources [WIC, Food Stamps, SCHIP, Medical, Medicaid, Sec. 8 Rent Other]: O Yes   O No   O Don't know   O Refused

Income [All Sources during last 30 Days]:
[If you answered 'No' on Cash Income Question skip question]

Individual Cash Income from Earnings [Job, Commission, other work]: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

If Yes, the amount $_____._____

Income from Cash Benefits? Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

"Family income will need to be separated out for each member, ex: if the father is working & getting $300/mnth in a family of 5, on the fathers application the $300 will go, on the other members app. nothing. If the mother is working than on the father app. $0, on the mothers $300 children nothing. Whoever is earning the $, it goes on their application.

Unemployment Insurance:	_____	**Veteran's Pension:**	_____
Workers Compensation:	_____	**Pension from Employment:**	_____
Private Disability Insurance:	_____	**TANF (Temp Asst for Needy):**	_____
Veterans Disability Payments:	_____	**GA (general assistance):**	_____
SSDI (Soc. Sec. Disability Ins):	_____	**Alimony or Spouse Support:**	_____
SSI (Supplemental Soc. Sec):	_____	**Child Support:**	_____
Social Security (Retirement):	_____	**Other Cash Income** (Not Listed)**:**	_____

Total Monthly Individual Cash Income: _____

Non- Cash Benefits Received:
If you answer 'No' on Non-Cash Benefits please skip question]

"Family benefits: when the benefit is for the whole family it goes on the head of household's app. only. For example if the family is getting food stamps. If the benefit is for a specific family member it goes on that persons app. for example if the child is getting CHIP, it will go on that child's app. and on all others that do not get CHIP would be a 'no'."

Please fill out what individual benefits you receive:

Food Stamps: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>   **TANF Childcare Services:** Ο <u>Yes</u>   Ο <u>No</u>
  Ο <u>Don't know</u>   Ο <u>Refused</u>

WIC: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

MedicAID: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>   **TANF Transportation:** Ο <u>Yes</u>   Ο <u>No</u>
  Ο <u>Don't know</u>   Ο <u>Refused</u>

 MediCARE: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

Other TANF: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>   **CHIP (Children Health):** Ο <u>Yes</u>   Ο <u>No</u>
  Ο <u>Don't know</u>   Ο <u>Refused</u>

Section 8: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

Other Non-Cash Benefits: Ο <u>Yes</u>   Ο <u>No</u>   Ο <u>Don't know</u> Ο <u>Refused</u>

Health, Education and Work

General Health: Ο <u>Excellent</u> Ο <u>Good</u> Ο <u>Fair</u> Ο <u>Poor</u> Ο <u>Failing/very poor</u>   Ο <u>Refused</u>

In School or Working on Degree: Ο <u>Yes</u> Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

Receiving Voc-Education or Apprentice Certificate: Ο <u>Yes</u>   Ο <u>No</u> Ο <u>Don't know</u> Ο <u>Refused</u>

Highest Education Level Achieved: _____

Employment Status: Ο <u>Not Employed</u>   Ο <u>Employed</u>   Ο <u>Don 't Know</u>

If Employed: Hours worked Last week?_____

If Employed Job Stability? Ο <u>Permanent Job</u>   Ο <u>Seasonal</u>   Ο <u>Temporary</u>   Ο <u>Refused</u>

If not Employed are you looking for Work? Ο <u>Yes</u>   Ο <u>No</u>   Ο <u>Don't know</u>   Ο <u>Refused</u>

Veterans (Only)

If you don't belong in this group than you can skip this section

Branch Of Service: O <u>Army</u>   O <u>Navy</u>   O <u>Air Force</u>   O <u>Marine</u>   **Served in War Zone:** O <u>Yes</u>   O <u>No</u>

Length of Active Duty: _____ (months)   O <u>Don't know</u>   O <u>Refused</u>

Era of Service: **Received Hostile or Friendly Fire:** O <u>Yes</u>   O <u>No</u>

O <u>Persian Gulf Era</u>   O <u>Don't know</u>   O <u>Refused</u>

O <u>Post Vietnam</u>   **War Zone of Service:**

O <u>Vietnam Era </u>   O <u>Europe</u>   O <u>Vietnam</u>

O <u>Between Korean and Vietnam War</u>   O <u>North Africa</u>   O <u>Laos and Cambodia</u>

O <u>Korean War</u>   O <u>South China Sea</u>   O <u>China, Burma, India</u>

O <u>Between WWII and Korean War</u>   O <u>Korea</u>   O <u>South Pacific</u>

O <u>World War II</u>   O <u>Persian Gulf</u>

                                                                        Duration War Zone Service: _____ (Months)

Discharge Status:

O <u>Honorable</u>   O <u>Dishonorable</u>   O <u>General</u>   O <u>Other</u>   O <u>Medical</u>   O <u>Bad Conduct</u>

Women (Only)

If you are male you may skip this section

Client is Pregnant: O <u>Yes</u>   O <u>No</u>   O <u>Don't know</u>   O <u>Refused</u>   **If Pregnant Expected Delivery Date:** ___/_____/_____